

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL.: 587-0460 FAX: 587-0470

NECEIVED

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

	(Type or Pri	nt Clearly)	TATELING	S C MM S I N
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)		TELEPHONE
Slovin	Gary	м.		547–5600
MAILING ADDRESS (Street)	-	(City)	(State)	(Zip Code)
P. O. Box 3196		Honolulu	HI	96801
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
Goodsill Anderson Quinn	& Stifel			547-5600
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
Same as above.				
PART II ORGANIZATION	-			
NAME OF ORGANIZATION YOU LO	DBBY FOR (Do not abbreviate)			TELEPHONE 630/
McDonald's Corporation				623-3063
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
One Kroc Drive		Oak Brook	IL	60523
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATIO	N'S EXPENDITURES STA	ATEMENT	TELEPHONE 630/
Patrick Theisen				62343063
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
Same as above.				
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Service	s	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmer		ourism & Recreation
X Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employ	yment 1	ransportaion
Culture, Arts, Historic Preservation	X Health	Planning, Land Use Manageme	& Water (Other: (indicate below)
Ecology, Energy, Environmental Protection	Housing	Public Safety &	Corrections	
Environmental Protection				
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
1/30/03				
1 / h	Signature of Lobbyist)		(Dat	
	olg. rations of Essayler,		•	
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF AUTHORIS	ING OFFICER OF RE	TREON BERDESENTED
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Patrick Theisen Director - Government Relations				
NAME OF ORGANIZATION (if appli	cable)			TELEPHONE 630/
McDonald's Corporation MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
		Oak Brook	IL	60523
One Kroc Drive	ava named narran to ange			
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
Talus M	/herse		1/23/03 (Dat	(2)
(Signature of Auth	orizing Officer or Person Represer	nted)	/ (Dai	